

SERIAL NO
29/6
APPLICANT(S)

FILED DATE

SERIAL NO 29/201453

APPLICANT(S)

17-17 9-8 CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
NO.	OCF.	NO.	OCF.	NO.	OCF.
1		1			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL NO.		1		2	
TOTAL OCF.		20		27	
TOTAL		21		24	

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

SERIAL NO

APPLICANT

FILING DATE

29/70/488

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
10							70						
11							71						
12							72						
13							73						
14							74						
15							75						
16							76						
17							77						
18							78						
19							79						
20							80						
21							81						
22							82						
23							83						
24							84						
25							85						
26							86						
27							87						
28							88						
29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL NO.							TOTAL NO.						
TOTAL OFF.							TOTAL OFF.						
TOTAL							TOTAL						